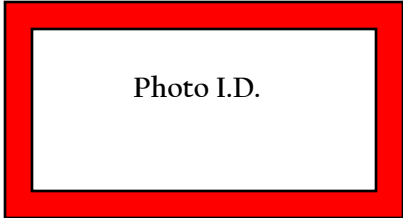




Application for Dog Adoption



21287 Boca Rio Road
Boca Raton, FL 33433
(561) 482-8110

Do you have a specific pet in mind? _____

Are you aware that adopting a pet is an **18+ year** commitment? _____

Your Name: _____ Email Address: _____

Address: _____ Cell Phone: _____

Town/State/Zip: _____ Home Phone: _____

Employment: Employer: _____ Position Title: _____

(If self-employed list type of business) How long have you held this position? _____

Housing: Own Rent (if so, you must have lease copy that shows pet policy)

Single Family Home Mobile Home Apartment Condo Townhouse

Landlord Name/Phone Number: _____ Community Name: _____

Number of Adults (+18) in Household: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you: Single Married Have Children: Number of children & Their Ages: _____

Anyone in household have Allergies/Asthma? (Please specify) _____

Number of animals in household: _____ Breeds: _____ Names: _____ Ages: _____

Heartworm Medication Current? Yes / No Pets' Vaccines Current? Yes / No Pet Spayed/Neutered? Yes / No

Current Veterinarians Office Used: _____ Phone #: _____

IF NONE: When was the last time you had a pet? _____

What happened/Where are they now? _____

How many hours alone will the pet spend TOTAL per day on average? _____

Where inside the house will your pet stay when you are not home? _____

If your pet becomes sick or injured, are you prepared to afford the medical costs? Yes No

If there is any reason you can no longer care or provide a stable home for your pet, what will you do with them?

Have You Ever Taken an Animal to a Shelter? Yes No

If so, when and why? _____

Do You Plan on Moving Soon? If So, When? _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Reviewed By: _____ Check DNA: _____ UTD: Yes/No Sterilized: Yes/No Proof of Address: _____



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Have ALL the members of your household agreed to this adoption? Yes No

Is everyone in the household present? Yes No

If any household members are not in favor of this adoption, what are their concerns/objections? _____

If your pet is home alone for more than 5 hours what will your provisions be to care for them in your absence?

Where will your pet be when you are out of town?

What characteristics would make a pet best fit into your home?

What is your preferred level of exercise with your dog? How active is your home?

Do you have a fenced in yard? Yes No

Please tell us about the dog's weekly schedule as it relates to your own schedule.
What is the average amount of hours during the day will your pet be home *alone*?
For example, is everyone gone to work between 8:00 am and 4:00 pm?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Which members of the household will be the primary care givers during an average day?



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What will be your pet's personal space when you are NOT at home? Check all that apply.

- Anywhere inside the house
- Crating
- Designated area (gated-in kitchen, room with closed door, etc)
- Left outside

Which of the following behaviors or characteristics present an intolerable problem for you?
Check all that would apply.

- | | |
|--|--|
| <input type="checkbox"/> Barking/howling | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Jumping up on people/furniture | <input type="checkbox"/> Not housebroken |
| <input type="checkbox"/> Chewing on shoes/furniture | <input type="checkbox"/> Teething/Nibbles |
| <input type="checkbox"/> Shedding (Preference or Allergy?) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: _____ | |

If any of the above issues were to apply to your new pet, how will you address them?

Would you consider taking your pet to professional training if needed?

If the above selected behavioral issues were to persist, would it result you in returning the pet?

If for any reason you were to pass away before your pet, who would then claim ownership?

Do you have any doubts or hesitations on long term adoption?

Signature: _____ Date: _____

Tri-County Animal Rescue Meet & Greet

Liability Agreement

I, _____ understand that I will be meeting with animals that may be unpredictable. I am also aware that there is a risk of illness/exposure, getting bit, scratched, or injured in some other way when they come into contact with my pet, family members, and myself. I agree to take full responsibility with respect to any medical treatment needed and will not hold TCAR accountable for any injuries that may occur. I also agree to report all bites, scratches and/or injuries to TCAR staff immediately.

Signature: _____ Date: _____